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MAY 23 2016
U.S. DISTRICT COURT
EASTERN DISTRICT OF MO
CAPE GIRARDEAU

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
SouthEastern **DIVISION**

Van Owens)
)
)

(Enter above the full name of the Plaintiff(s) in this action. Include prison registration number(s).))

v.)

Keith Moore Sheriff)
Jail Administrator Cory Hutcheson)
Miss Co Detention Center Medical Staff)
)
)

(Enter above the full name of **ALL** Defendant(s) in this action. Fed. R. Civ. P. 10(a) requires that the caption of the complaint include the names of **all** the parties. Merely listing one party and "et al." is insufficient. Please attach additional sheets if necessary.)

Case No. 1:16-CV-00093-SNLJ
(To be assigned by Clerk)

PRISONER CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C. § 1983

I. PLACE OF PRESENT CONFINEMENT: Mississippi County Detention Center

II. PREVIOUS CIVIL ACTIONS:

A. Have you brought any other civil actions in state or federal court dealing with the same facts involved in this action or otherwise relating to your confinement?

YES [ ] NO [✓]

B. If your answer to "A" is YES, describe the action(s) in the space below. If there is more than one action, you must describe the additional action(s) on a separate piece of paper, using the same format as below.

1. Parties to previous civil action:

Plaintiff(s): Van L. Owens ____________

____

Defendant(s): ____________

____

2. Court where filed: ____________

3. Docket or case number: ____________

4. Name of Judge: ____________

5. Basic claim made: ____________

____

____

6. Present disposition (Is the case still pending? Is it closed? If closed, was it appealed?):

____

III. GRIEVANCE PROCEDURES:

A. Is there a prisoner grievance procedure at the institution in which you are incarcerated?

YES [✓] NO [ ]

B. Have you presented this grievance system the facts which are at issue in this complaint?

YES [✓] NO [ ]

C. If your answer to "B" is YES, what steps did you take: Filled out Grievances turned them into Sheriff Keith Moore & Jail administrator Cory Hutcheson

D. If your answer to "B" is NO, explain why you have not used the grievance system:

IV. PARTIES TO THIS ACTION:

A. Plaintiff(s)

1. Name of Plaintiff: Van L. Owens

2. Plaintiff's address: 200 W. Commercial St Charleston MO 63834

3. Registration number: # Inmate # 518427

4. Additional Plaintiff(s) and address(es):

B. Defendant(s) Mississippi County Detention Center

1. Name of Defendant: Sheriff Keith Moore

2. Defendant's address: 200 W Commercial St Charleston MO 63834

3. Defendant's employer and job title: State Elected Official

4. Additional Defendant(s) and address(es): Jail Administrator Cory Hutcheson & Medical Staff 200 W. Commercial St Charleston, MO 63834

V. COUNSEL

A. Do you have an attorney to represent you in this action?

YES [ ] NO [✓]

B. If your answer to "A" is NO, have you made an effort to contact an attorney to represent you in this matter?

YES [ ] NO [✓]

C. If your answer to "B" is YES, state the name(s) and address(es) of the attorneys you contacted and the results of those efforts:

____

____

____

D. If your answer to "B" is NO, explain why you have not made such efforts:

Need help finding one

____

E. Have you previously been represented by counsel in a civil action in this Court?

YES [✓] NO [ ]

F. If your answer to "E" is YES, state the attorney's name and address:

____

____

VI. Statement of claim (State as briefly as possible the facts of your case. Describe how each defendant is involved. You must state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved, dates, and places. Be as specific as possible. State your claims in numbered paragraphs. You may use additional paper if necessary):

I was ~~denied~~ Neglected Medical attention "Deliberate Indifference of Medical Needs" for Ventural Hernia, Staff Infection.

1. Sheriff Keith Moore failed to hold Jail administrator Cory Hutcheson responsible for providing Proper Medical attention to Inmates.

2. Cory Hutcheson neglected to provide Proper Medical Attention for me.

3. Nurse Practitioner Margaret Dicus Neglected to provide me w/ Proper Medical attention

VII. RELIEF

State briefly and exactly what you want the Court to do for you. Do not make legal arguments. (Note: If you are a **state** prisoner and you seek from this Court relief that affects the length or duration of your imprisonment, your case **must** be filed on a § 2254 form.)

I want to Compensated for my

Pain & Suffering for being Neglected Medical Attention when needed.

VIII. MONEY DAMAGES:

A) Do you claim either actual or punitive monetary damages for the acts alleged in this complaint?

YES ☑ NO ☐

B) If your answer to "A" is YES, state below the amount claimed and the reason or reasons you believe you are entitled to recover such money damages:

$300,000 Three Hundred Thousand Actual Damages

$300,000 Three Hundred Thousand Punitive Damages

For Pain & Suffering

IX. Do you claim that the wrongs alleged in the complaint are continuing to occur at the present time?

YES [✓] NO [ ]

Van L. Owens

Van L. Owens

Signature of attorney or pro se Plaintiff(s)

5-20-2016

Date